



CMS Medicare FFS Provider e-News

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National Provider Call: End-Stage Renal Disease Quality Incentive Program - Payment Year 2015 Final Rule — Register Now [\[Top of page\]](#)

Wednesday, March 13; 2-3:30pm ET

This National Provider Call will review the CMS final rule for implementing the End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP) in Payment Year (PY) 2015. This final rule was published in the [Federal Register](#) on November 9, 2012.

The performance period for PY 2015 began on January 1, 2013. To help dialysis facilities and other stakeholders understand the program and their responsibilities during the performance period, this call will review:

- The ESRD QIP legislative framework and how it fits into the National Quality Strategy;
- Changes reflected in the final rule based on public comments;
- The measures, standards, scoring methodology, and payment reduction scale that will be applied to the PY 2015 program; and
- Where to find additional information about the program.

Agenda:

- Introductions
- Review of ESRD QIP and National Quality Strategy
- Changes in PY 2015 Final Rule
 - Measures
 - Standards
 - Scoring methodology
 - Payment reduction scale
- Sources for more information

Target Audience: Dialysis clinics and organizations, nephrologists, hospitals with dialysis units, billers/coders, and quality improvement experts.

Registration Information: In order to receive call-in information, you must register for the call on the [CMS Upcoming National Provider Calls](#) registration website. Registration will close at 12pm on the day of the call or when available space has been filled; no exceptions will be made, so please register early.

Presentation: The presentation for this call will be posted prior to the call on the [FFS National Provider Calls](#) web page. In addition, a link to the slide presentation will be emailed to all registrants on the day of the call.

Continuing education credit may be awarded for participation in certain CMS National Provider Calls. Visit the [Continuing Education Credit Notification](#) web page to learn more.

National Provider Call: Hospital Value-Based Purchasing Fiscal Year 2015 Overview — Register Now
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Thursday, March 14; 1:30-3pm ET

This National Provider Call provides an overview of the FY 2015 Hospital Value-Based Purchasing (VBP) Program design and a preview of the FY 2015 Baseline Measures Report in order to help demonstrate how hospitals will be evaluated for each of the FY 2015 domains (measures/dimensions).

Agenda:

- Introduction to the Hospital VBP Program
- FY 2015 Hospital VBP Program
- How Hospitals Will Be Evaluated
- Evaluation Example
- FY 2015 Baseline Measures Report

Target Audience: Quality Improvement Organizations (QIOs) and Inpatient Hospital Stakeholders

Registration Information: In order to receive call-in information, you must register for the call on the [CMS Upcoming National Provider Calls](#) registration website. Registration will close at 12pm on the day of the call or when available space has been filled; no exceptions will be made, so please register early.

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National Provider Call: Audio Recording and Written Transcript from January 16 Meaningful Use: Stage 1 and Stage 2 Call Now Available [[Top of page](#)]

The audio recording and written transcript from the January 16 Meaningful Use: Stage 1 and Stage 2 call are now available on the [January 16](#) call web page in the “Call Materials” section.

National Provider Call: Audio Recording and Written Transcript from January 31 CMS National Partnership to Improve Dementia Care in Nursing Homes Call Now Available [[Top of page](#)]

The audio recording and written transcript from the January 31 CMS National Partnership to Improve Dementia Care in Nursing Homes call are now available on the [January 31](#) call web page in the “Call Materials” section.

Join the ICD-9-CM Coordination and Maintenance Committee Meeting for an ICD-10 Update [[Top of page](#)]

Tuesday, March 5; 9am–5pm ET

Please join us on March 5 for the ICD-9-CM Coordination and Maintenance Committee Meeting. Pat Brooks, Senior Technical Advisor with the CMS Hospital and Ambulatory Policy Group will provide an update on ICD-10. The schedule for the March 5 meeting is as follows:

- 9am-12:30pm: [ICD-10-PCS and ICD-9-CM procedure presentations](#) with public comment
- 12:30pm-1:30pm: Lunch break
- 1:30pm-5pm: [Diagnosis presentation](#) with public comment

Webcast and Dial-In Information

- The meeting will begin promptly at 9am ET and will be [webcast](#).
- Toll-free dial-in access is available for participants who cannot join the webcast: Phone: 1-877-267-1577; Meeting ID: 6601. We encourage you to join early, as the number of phone lines is limited.

New Name and Focus for ICD Coding Committee

The ICD-9-CM Coordination and Maintenance Committee will be re-named the ICD-10 Coordination and Maintenance Committee effective with the March 2014 Committee meeting. This committee is responsible for the development and maintenance of both ICD-9-CM and ICD-10 codes. In 2014, the committee will focus solely on the maintenance of ICD-10-CM and ICD-10-PCS codes.

Keep Up to Date on ICD-10

Visit the CMS [ICD-10](#) website for the latest news and resources to help you prepare for the October 1, 2014 deadline. For practical transition tips:

- Read [recent ICD-10 email update messages](#)
- Access the [ICD-10 continuing medical education modules](#) developed by CMS in partnership with Medscape

Flu Season Isn't Over—Continue to Recommend Vaccination [\[Top of page\]](#)

While each flu season is different, flu activity typically peaks in February. Yet, even in February, the flu vaccine is still the best defense against the flu. The [Centers for Disease Control and Prevention](#) recommends yearly flu vaccination for everyone 6 months of age and older; and although anyone can get the flu, adults 65 years and older are at greater risk for serious flu-related complications that can lead to hospitalization and death. Each year in the United States, about 9 out of 10 flu-related deaths and more than 6 out of 10 flu-related hospital stays occur in people 65 years and older. Every office visit is an opportunity to check your patients' vaccination status and encourage flu vaccination when appropriate.

Getting vaccinated is just as important for health care personnel, like you, for many reasons. You can get sick with the flu and spread it to your family, colleagues and patients without knowing or having symptoms. Be an example by getting your flu vaccine and know that you're helping to reduce the spread of flu in your community.

Note: – influenza vaccines and their administration fees are covered Part B benefits. Influenza vaccines are NOT Part D-covered drugs.

For More Information:

- 2012-2013 [Seasonal Influenza Vaccines Pricing](#) list
- [MLN Matters® Article #MM8047](#), "Influenza Vaccine Payment Allowances - Annual Update for 2012-2013 Season"
- Visit the [CMS Medicare Learning Network® 2012-2013 Seasonal Influenza Virus Educational Products and Resources](#) and [CMS Immunizations](#) web pages for information on coverage and billing of the flu vaccines and their administration fees
- [HealthMap Vaccine Finder](#) is a free, online service where users can find nearby locations offering flu vaccines as well as other vaccines for adults
- [CDC](#) website offers a variety of provider resources for the 2012-2013 flu season

ICD-10 MS-DRG FY 2013 Software Now Available [\[Top of page\]](#)

ICD-10 Medicare Severity Diagnosis Related Grouper (MS-DRG), version 30.0 (FY 2013) mainframe and PC software is now available. This software is being provided to offer the public a better opportunity to review and comment on the ICD-10 MS-DRG conversion of the MS-DRGs.

This software can be ordered through the [National Technical Information Service](#) (NTIS) website. A link to NTIS is also available in the Related Links section of the [ICD-10 MS-DRG Conversion Project](#) website. The final version of the ICD-10 MS-DRGs will be subject to formal rulemaking and will be implemented on October 1, 2014.

EHR Incentive Programs: Medicare EP Attestation Reminder and Other Updates [[Top of page](#)]

CMS has several updates related to the Electronic Health Record (EHR) Incentive Programs.

February 28 Deadline

Eligible professionals (EPs) who participated in the Medicare Electronic Health Record (EHR) Incentive Program in 2012 must complete attestation for the 2012 program year by February 28, 2013. CMS has several resources located on the [Educational Resources](#) web page of the EHR Incentive Programs website to help you properly meet meaningful use and attest. Register and attest today.

Medicaid EPs should check with their State for their attestation deadline.

Electronic Reporting Pilot Deadline

If you selected the electronic reporting pilot option for your submission of clinical quality measures (CQMs) for the EHR Incentive Program (for the 2012 reporting year), you must submit 12 months of CQM data using a PQRS-qualified EHR system or data submission vendor. *Failure to submit your CQMs electronically by 11:59pm ET on February 28 will result in your attestation being rejected for the 2012 program year.*

If you are unable to continue or determine that you no longer wish to participate in the electronic reporting pilot, you may opt out by:

- Returning to your [EHR Incentive Program registration](#)
- Changing your selection to “No” on the “e-Reporting” screen for CQMs
- Entering your CQM data into the portal as part of your meaningful use attestation

System Outages

There is an upcoming system outages scheduled. Please plan attestation around this outage.

- CMS Systems Outage – Friday, February 22, 11:59pm ET through Sunday, February 24, 11:59pm ET
- Providers will be unable to complete e-Reporting of electronic CQM data through the PQRS system

CMS anticipates a high volume of users on both the PQRS and EHR Incentive Program systems as the February 28 deadline for data submission approaches. Please keep this in mind when planning for your CQM data submission and completion of your 2012 attestation.

Want more information about the EHR Incentive Programs?

Make sure to visit the [EHR Incentive Programs](#) website for the latest news and updates on the EHR Incentive Programs.

Now Available: New and Updated FAQs about the EHR Incentive Programs [[Top of page](#)]

CMS has recently added one new and two updated FAQs related to the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs. We encourage you to take a minute to review these changes below.

New FAQ:

1. What funding sources may States use to fund the 10 percent non-federal share of HITECH administrative expenditures? [Read the answer here.](#)

Updated FAQs:

1. What are the specific medical specialty codes associated with anesthesiology, radiology, and pathology for the specialty-based determination for the granting of a hardship exception... [Read the answer here.](#)
2. For the Medicare EHR Incentive Program, how are incentive payments determined for eligible professionals practicing in a Health Professional Shortage Area (HPSA)? [Read the answer here.](#)

To search and access more FAQs related to the EHR Incentive Programs, please use the [CMS FAQ System](#).

Want more information about the EHR Incentive Programs?

Make sure to visit the [EHR Incentive Programs](#) website for the latest news and updates on the EHR Incentive Programs.

New HCPCS G-code for Pharmacologic Management Service Furnished via Telehealth to Inpatients [\[Top of page\]](#)

For 2013, the Current Procedural Terminology (CPT) Editorial Panel adopted a new structure for CPT codes used to report a set of psychiatric and psychotherapy services. Among other changes, the CPT code that was used by practitioners to report pharmacologic management services was deleted. CPT instructs that practitioners should now report the appropriate Evaluation/Management (E/M) code when furnishing pharmacologic management services. Existing Medicare telehealth payment policies will continue to apply for these services for 2013, and practitioners should be able to report the appropriate E/M code, as CPT suggests. However, when furnishing services to hospital inpatients and Skilled Nursing Facility (SNF) patients, physicians should use the new G-code to ensure that the telehealth frequency restrictions that apply to hospital and SNF E/M services do not also apply to pharmacologic management services furnished to hospital inpatients and SNF patients. The new G-code is:

- G0459 — Inpatient telehealth, pharmacologic management, including prescription use and review of medication with no more than minimal medical psychotherapy

New MLN Provider Compliance Fast Fact [\[Top of page\]](#)

A new fast fact is now available on the [MLN Provider Compliance](#) web page. This web page provides the latest [MLN Education Products](#) and [MLN Matters® Articles](#) designed to help Medicare FFS providers understand common billing errors and avoid improper payments. Please bookmark this page and check back often as a new fast fact is added each month.



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